

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101561,490

FILING DATE

12-20-05

APPLICANT(S)

CLAIMS

	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	
1	1				
2		1			
3		1			
4		1			
5		1			
6		1			
7		1			
8		1			
9		1			
10		1			
11		1			
12	1				
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48					
49					
50					
TOTAL IND.	2				
TOTAL DEP.	10	←	←	←	
TOTAL CLAIMS	12				

	AS FILED		AFTER 1 ST AMENDMENT		
	IND.	DEP.	IND.	DEP.	
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99					
100					
TOTAL IND.			↓		
TOTAL DEP.		←	←	←	←
TOTAL CLAIMS					